spasms for two days and nights. "It made a kind of a little wheezing noise like a kitten." It had a sort of jumping or quivering whenever she would touch it, or when a fly would light on its face. It could suck at first; but on the second day its jaws became locked while it was in the act of sucking, and it never was able to draw the breast after that; and then *severe* spasms came on and "lasted off and on till it died."

The doctor did not recognize the disease.

I have accumulated a host of this sort of cases, but I shall *inflict* no more on the reader. However interesting the subject may be to me, still I know that I have already exhausted the patience of the reader. I have reported these last cases as much to impress a familiarity with the symptoms of the disease, as to show that it frequently occurs when we do not suspect its true character, and, like the other cases, I have chosen to give them pretty much in the unvarnished truth-telling style of the narrators.

I have not built up a theory and moulded facts to suit it: but I have accumulated facts honestly, and endeavoured to explain their phenomena philosophically. I do not expect to carry the same degree of conviction to the mind of any one that I feel myself. If I am wrong, cotemporaneous observers will prove it. If I am right, future generations will feel it.

ART. XII.—*Practical Observations on Purpura.* By JOHN P. METTAUER, A.M., M.D., of Virginia.

THIS is comparatively an unfrequent disease, and perhaps on that account its intimate pathology and treatment may have remained so long imperfectly understood. It is, nevertheless, a most interesting and important morbid affection, and for that reason we propose in this paper to offer a few considerations relative to its nature and treatment, drawn from our personal experience with it, during a series of years.

Purpura is characterized by a peculiar efflorescence of the skin and mucous lining of the mouth, tongue, fauces, vagina, and very probably of the internal mucous membrane likewise. The efflorescence, as it appears on the skin, and the other parts accessible to observation, consists of reddish, purple, or livid spots, exceedingly variable in size, termed vibices, petechiæ, or ecchymoses; is seldom elevated above the surface on which it appears, and is frequently attended with hemorrhage from various parts of the body, more especially from the mucous surfaces. The spots are occasionally slightly rough, attended with itching now and then, especially when they appear as small red clots. In some cases the spots are slightly tender when pressed on, or if the parts are disturbed by motion. When cut into they are found to contain variable quantities of effused blood.

Purpura seems to be hemorrhagic in its nature, and yet it is to be regarded as possessing qualities which to some extent constitute it a peculiar affection. From ordinary hemorrhage, it is to be distinguished by the universality of its appearance, while that only takes place with a single organ. In many instances the hemorrhage of purpura takes place from the nose, mouth, lungs, bowels, kidneys, bladder, uterus, skin, and into the substance of the organs at the same time. Ordinary hemorrhage is usually attended with more or less acceleration of the pulse, characterized by a peculiar thrill of the radial artery, constituting what is termed the hemorrhagic pulse. In purpura such is not the case, as the pulse is comparatively feeble, and seldom accelerated in any considerable degree.

Purpura has been distributed into three varieties by Dr. Willan; that is, Purpura Simplex, Purpura Hemorrhagica, and Purpura Urticans; but our experience with the disease does not lead us to adopt such a division; as in all of the cases seen by us, the characters by which each of these divisions is to be distinguished were co-existent. On this account it would seem that there is no good ground for the distribution of the disease into three distinct varieties.

The Purpura Senilis of Bateman is only to be regarded as a species of local ecchymosis, or varices of the venous capillaries of the subcutaneous cellular textures, and not a form of purpura, as it is attended neither with fever nor hemorrhage.

The causes of purpura are somewhat obscure, though enough has been ascertained to show that whatever depresses the energy of the blood-making organs, so as to render hematosis imperfect, predisposes to the disease. The best authorities concur in the belief that individuals of delicate constitutions are most liable to purpura. Such is the opinion of Willan, Bateman and Rayer; and our experience confirms their opinion.

When the disease occurs with persons in the prime of life, and when no obvious cause of a debilitating nature seems to have impaired their constitutions, it is probable a lurking debility, or disturbed sanguification and nutrition are the conditions upon which it depends. That the state of the blood, as respects the due proportion of its fibrinous constituent, is concerned in the production of purpura, is rendered exceedingly probable, by the recent researches of Andral. This pathologist is of the opinion that the fibrinous constituent of the blood is in all probability reduced below its normal proportion in every case of purpura, and the opinion is rather supported than disproved by the cases of Doctors Jeffreys, Johnston, Duncan, Combe, Gairdner and Fairbairn. In these cases—the first two especially—the pulse was full and excited, it is true; but in all of them the blood exhibited the buffy-coat without the cupping, which is so characteristic of blood drawn in true phlogosis, and with a semi-fluid and dark crassamentum, such, it is very probable, as we usually meet with in typhoid fever. The buff which was exhibited in these cases could not have been very firm, as it did not cup; and although not so stated, we have little doubt that it was gelatiniform and loosely held together, consisting chiefly of albumen. The blood in our own cases generally presented a thick buff, but this, as well as the crassamentum, was exceedingly friable and delicate in texture. The buff, too, was of a gelatiniform consistence, and in no instance was it firm enough to bear the weight of the clot in attempt to lift it from the cup with a probe or straw.

Mercury when freely used is occasionally followed by purpura, and very probably by reason of its operation upon the fibrin of the blood so as to depress that important constituent below its normal proportion, an effect now believed to follow the use of mercury when introduced into the economy.

Typhoid fever is also occasionally succeeded by purpura, and doubtless because there is always great depression of the proportion of the fibrinous constituent of the blood during the existence of that fever. We have seen two cases from this cause.

The intemperate use of ardent spirits, and abstinence from food long continued, as well as scant or unwholesome food, are likewise causes of this disease. Intestinal worms, insufficient bodily clothing, and long-continued exposure to a damp and cool atmosphere, have also seemed to predispose to it, and in all probability by reason of the impaired state of sanguification and nutrition induced by them.

Are certain individuals more liable to purpura than others, by reason of hereditary constitutional aptitude? We answer unhesitatingly that they are, and with them the disease is generally strongly tinctured with strumous characters. Sixteen cases of purpura have passed under our observation, and out of this number fourteen of the subjects were decidedly scrofulous, while the remaining two were not absolutely free from strumous appearances; and we are disposed from our observations, to refer purpura to a constitutional origin, connected with scrofulous susceptibility, derived, originally, in most cases from parents.

The intimate nature of the process by which blood is forced out of its proper channels, in the formation of the spots or maculæ of purpura is not certainly known. It is highly probable, however, that "tenderness of the coats of the minute vessels," as conjectured by Dr. Duncan, plays an important part in it. That tenderness, delicacy, or preternatural lacerability should result from impaired nutrition, such as may be supposed to take place in the structures universally, but more especially in the capillary and parenchymatous in purpura, can readily be conceived. The textures as well as the blood are very nearly in the state presented by early infancy. That is, the textures are exceedingly delicate,—easily lacerated, or bruised, because they are nourished and supported by blood abounding in albumen, with comparatively a mere trace of fibrin. Thus organized, it may be supposed that the capillary and parenchymatous structures would give way during the existence of an impetuous circulation, or even when the circulatory organs are only moderately, or even normally excited, and such giving way would result in hemorrhage from rupture of the capillaries; or relaxation and dilatation of their terminating recurrents, either on the natural surfaces, or within the structures. A morbid or abnormal delicacy of the cutaneous and subcutaneous, as well as the mucous and submucous textures, must exist in those cases in which ecchymoses follow the slightest pressure or motion of the supporting organs. And such a state—a kind of infantile nutrition of the organs—may occur whenever the albuminous constituent of the blood preponderates, or the fibrinous is greatly lessened in quantity, or, in its cohesive energy: and most of the causes which have been enumerated may bring about such a state, and thus induce purpura with any age or constitution. In many respects purpura is closely assimilated to scurvy by its obvious phenomena, and in the present state of our knowledge it cannot be determined that these two diseases are not identical.

The treatment of purpura should be so shaped as to change and alter the condition of the digestive apparatus as speedily as possible, as such change can only connect the peculiar morbid states of the blood and organism—from which the disease results. In all of the cases we have treated, amendment invariably followed salutary changes in the condition of the liver and bowels. The presence of healthy bile in the alvine evacuations, never failed to show that our remedies had made a favourable impression on the constitution, and it was as constantly attended with, and succeeded by, general amelioration of the symptoms. Having early regarded the disease as the product of perverted sanguification and nutrition. our treatment has uniformly been directed to the correction of these processes; and after an experience of more than twenty years we have not found it necessary to change our views, but they have been confirmed.

In the more acute form of the disease, especially in the early stage, a treatment somewhat active has uniformly been demanded in our cases; and such treatment,—having early received the high sanction of Dr. Bateman,—was invariably adopted by us:—and first of blood-letting. When there was much vigour of constitution, and patients were seen early in the disease, whether the symptoms were acute or not, our practice was to let blood from the arm. Sufficient bleeding never failed to moderate the hemorrhage in a measure, and at the same time placed the economy in a more favourable state to receive. as well as to communicate remedial impressions. Persons between the ages of 15 and 45 years generally derived most benefit from the lancet, and without seeming to be enfeebled by the loss of blood. In one case we abstracted ℥xviii of blood at a single bleeding, and repeated the operation two succeeding days to ℥xii with great benefit. In two other cases blood was freely drawn two days in succession, ℥xvi each day, and greatly to the benefit of the patient. With individuals requiring the lancet in this disease, there would be great uncertainty of impressing their constitutions with medicines. unless previous relaxation had been produced by blood-letting. Should fever attend, and the pulse be strong as well as excited, there could not be a doubt of the propriety, nay, of the necessity of letting blood. With children, or subjects much under fifteen years of age, it would not be safe to bleed freely. In such cases we have generally excluded venesection from our treatment.

2d. Cathartics.—This class of remedies is in a peculiar manner adapted to the treatment of purpura. After blood-letting, in those cases demanding it, as well as with such as did not require that remedy, we early resorted to free and effective purging. With the older description of patients, that is, from 15 to 45 years of age, we generally employed calomel in combination with aloes, jalap, or rhubarb, and one grain of ipecacuanha to each dose. This compound was found to adapt itself in a peculiar manner to the treatment of cases occurring with pretty robust constitutions, though it was well suited, likewise, to examples of a different class. Daily purgation was required for two or three times; and then on alternate, or, once in two or three days, or as the cases seemed to require. In every case the purgative dose was so divided as to have one-third of it administered at bed-time, and the remaining portion the succeeding morning. This division of the dose rendered the remedy more recurring in its action, while it also effectually emulged the liver, pancreas, and muciparous follicles of the intestines. In many instances, too, it produced diaphoretic effects. Early after its action, especially if consistent and free evacuations were procured by it, there was invariably an arrest, or abatement of the hemorrhage, as well as of the formation of fresh ecchymoses. The tongue, too, which is generally pale, and coated with a whitish fur and adhesive mucus, was soon changed in appearance and made to assume a more natural aspect. Another effect equally salutary usually followed purging, which was, the brightening of the countenance, and a more cheerful state of the patient's mind. All of the cases of purpura we have seen were distinguished by depression of spirits, and utter aversion to business; as well as by a disposition to sleep more than usual. With most patients, too, there was, throughout, an unwillingness to converse, nay, there seemed to be an inability to do so, from enfeebling of the intellectual powers, which we think is an invariable attendant symptom of purpura.

With young patients, especially those from four to eight or ten years of age, we found calomel and rhubarb the best purgative for a few times; or blue powder. The plan we adopted with these subjects, was to give suitable portions of the mercurial at night, in combination with minute doses of ipecac., to be followed by the rhubarb in substance, or in the form of syrup the next morning. After two or three purgings, and especially if the symptoms assumed a better condition, the mercurial was omitted at night, and in the place of it a suitable dose of the rhubarb, either in substance or syrup, was administered, merely to excite the intestines very moderately during the night, to be succeeded the next morning by a purgative portion. This last plan we found admirably suited to the younger description of patients. In every case, with young as well as older subjects, we found it necessary, occasionally, to interpose a mercurial as the actions of the liver became languid, and the secretion of bile defective during the treatment. During the advanced treatment it will not be proper to act upon the bowels more than once or twice effectually during the days of purgation.

When the appetite was much impaired, and the action of the liver, under the influence of the purging plan just presented, unsteady and imperfectly restored to a healthful condition, we derived great benefit from the internal use of the nitro-muriatic acid mixture given in the ordinary doses. This remedy is well adapted to the treatment of purpura under such circumstances; and it is pleasant to take, as well as exceedingly beneficial as a curative agent. Even with young subjects it may be safely and beneficially used; but the doses should be small, not to exceed six drops. Our rule has been to commence with two drops, and very gradually to augment the dose to six, taken two or three times a day, properly diluted with simple or sugared water. In some instances we have given it in lemonade, for which most persons have a fondness; and thus administered it is effectually disguised. The improvement under the use of this remedy is generally indicated by a return of appetite, cheerfulness, a better condition of the tongue, and more healthful appearance of the alvine discharges. The hemorrhage, too, is sometimes restrained by it, as well as the disposition to ecchymosis.

The diet usually allowed in this form of the disease was rice, coffee, chicken-soup, molasses and mush, butter-milk, ripe fruit, and such like substances. It was a constant injunction with our patients to guard against variable temperature, and the ordinary causes of catarrh, and to breathe fresh air freely. If the weather was suitable, and they were able and desirous to do so, we allowed them to go out of doors, nay, even to exercise moderately. The free use of acid beverages, especially lemonade, or vinegar and water sweetened, was found highly beneficial and refreshing to patients, and all of them used them more or less freely during the treatment.

When the disease proved obstinate, or when called to attend cases at an advanced stage, we found it necessary to associate supporting measures with purgatives. In these cases tonic astringents were found highly beneficial. The muriated tincture of iron was administered at this period with much advantage. With adults it was given in doses of from six to ten drops three or four times during the twenty-four hours, properly diluted, while from two to six only were administered with younger patients. At this period the muriated tincture was used in the place of the nitro-muriatic acid mixture, even if the biliary secretion was defective, as it in some degree, besides its tonic action with the organs of sanguification, exerts a secerning agency with the biliary organs through the presence of chlorine entering into its composition; and it was used indiscriminately with young and older patients. There can hardly be a doubt that the muriated tincture of iron, in this disease, acts both upon the liver and blood, as both are invariably ameliorated by it, and in marked degrees. In several cases in which we employed it we carefully inspected the blood before and after its use, and we found that there was a manifest improvement in the condition of the blood after it had been employed only one or two days. As means of imparting tone in such cases, we have also experienced benefit from bark, columbo, and the wild cherry bark, prunus Virginiana, used in cold watery infusion. We have, too, derived much advantage from porter as a tonic stimulant, and nearly in equal degrees with all ages.

From astringents we have never yet known any benefit to result in this disease, though we can conceive that they might, under favourable circumstances, be productive of good effects. When diarrhœa, or great laxity of the mucous lining of the stomach and bowels exists, the internal employment of astringents might be serviceable. In such cases their combination with tonics would prove beneficial, as, at the same time that they would restrain the bowels, tonic effects would result to the economy at large also. The sulphate of alumen seems to act in this manner, as well as the tincture of the Diospyros Virginiana. The acetate of lead may also exert effects of the same kind, though never with us. In this stage of the disease we have also employed the inspissated bile with much benefit, and it seems to act both as an aperient and tonic. When there is much difficulty in maintaining the biliary secretion free and of healthful qualities, the inspissated bile will be found an admirable remedy, given in doses of from two to five grains once or twice daily in combination with columbo and ipecac., or sulphate of quinine. In some extreme cases, in which the encephalic organs were seriously threatened with internal hemorrhage, or engorgement attended with coma, we have derived the happiest effects from enemata containing spirits of turpentine and tartar emetic, employed as a means of purgation. With this combination we twice rescued patients from impending death, and after the loss of prodigious quantities of blood from the nose, eyes, gums, mouth, bowels and bladder. The injections consisted of a tablespoonful of the turpentine and thirty grains of tartar, diffused in half a pint of thick gruel; and they were repeated every fourth hour until consistent stools were procured, which in both cases followed the second enema. In such examples blisters to the nape of the neck and lower extremities were also found to be very useful. They rarely ever failed to restrain epistaxis, and speedily counteracted the disposition to coma. These agents, too, seemed to exert beneficial effects with the disease at large, through the action of the cantharadin, which was absorbed into the economy during vesication. Whenever strangury occurred from the drawing of a blister, there was to be observed an immediate amelioration of the symptoms of the disease; and notwithstanding such effects have followed, we have never yet ventured on the internal use of cantharides.

The colchicum, so highly recommended by Dr. Elliotson as a cathartic in this disease, we have not employed. It may be applicable to the treatment of purpura, but only in those cases threatening effusion into the cavities, or when the disease occurs with arthritic or rheumatic constitutions.

If turpentine possesses any peculiar power as an internal remedy to adapt itself to the treatment of purpura, it must act like cantharadin; but our experience does not by any means support the belief that it exerts any such power. Nor have we ever derived any benefit from it in any other way when used than as a purgative enema.

In cases seeming to result from the injurious effects of mercury, it will be improper to employ calomel, or any form of mercury. In such cases the nitro-muriatic acid mixture should be preferred, when the biliary secretion is defective. In cases of this kind, too, we have derived the best effects from the inspissated bile, and aloes, used in combination with a grain of ipecac.: from two to four of the bile to one or two of aloes, and a grain of ipecac. made into two pills, to be taken morning and night. This compound acts decidedly on the liver, bowels and skin.

During convalescence it will be important that the bowels be kept easy. We have known slight returns of the disease to follow constipation of only a few days' continuance. The too early and free use of salt food will be injurious to convalescents from the disease, and relapse has followed such indulgence in our practice.

Great care should be had to protect the body against atmospheric vicissitudes, and exposure to cold and damp.

As early as possible, convalescents should exercise freely out of doors in the open air, but not to fatigue the body. Generally, it will be safest for persons to put on flannel, and to continue its use for one or two years after an attack of purpura.

PRINCE EDWARD C. H., *Virginia,* October 1st, 1845.

ART. XIII.—*Case of Angio-Leucitis with abscess, from the introduction of pus into a slight wound.* By HENRY HARTSHORNE, M. D.

THE danger of *dissecting wounds* is well known to every student; most are aware also that risk sometimes attends the entrance into the system of matter from living bodies; but the fact that very unpleasant consequences may result from this, is not so familiar as to render any confirmation of it